

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35208

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 334

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camdenton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Climax Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Charles E. Still</b>		Length of stay in hospital <b>13 days</b>		d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>	
3. NAME OF DECEASED (Type or print) First <b>JESSE</b> Middle <b>MORTON</b> Last <b>BUTTS</b>			4. DATE OF DEATH Month <b>October</b> Day <b>15</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 27th '73</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>11</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Indiana</b>	
13. FATHER'S NAME <b>Benjamin Butts</b>			12. CITIZEN OF WHAT COUNTRY? <b>America</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Shavel Butts</b> Address <b></b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>medullary failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Uremia</b> DUE TO (c) <b>Prostatic Hypertrophy</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>610X</b>					INTERVAL BETWEEN ONSET AND DEATH <b></b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b></b>			
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		20f. CITY, TOWN, OR LOCATION <b></b> COUNTY <b></b> STATE <b></b>			
21. I attended the deceased from <b>10/3/57</b> to <b>10/15/57</b> and last saw him alive on <b>10/15/57</b> Death occurred at <b>10</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>R. A. Michael</b> (Degree or title) <b>DO</b>		22b. ADDRESS <b>Jefferson City</b>		22c. DATE SIGNED <b>10/16/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>October 18th '57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Climax Springs Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Climax Springs, Missouri</b>		(State) <b></b>			
24. FUNERAL DIRECTOR <b>Reed Funeral Home, Camdenton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>19 October 1957</b>		26. REGISTRAR'S SIGNATURE <b>R. P. Harris, MD - MR</b>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Robert H. Reed*

Licensed Embalmer No. *374*

P. O. Address *Camden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.